

② 10/27/21


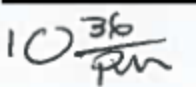
NYMH3 530.03 \*  
PAGE 001

BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC  
QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

\* 08-09-2019  
\* 21:33:35

COUNT AREA	CENSUS	OUTCOUNT SECTION											OC	VERIFY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V				OC
		T	N	N	N	S	O	S	&	A	N	I	UO			
		Y	J	Y	Y		S		D	N	W	S	TU			
				E	S		P		I	D	I	N	V			
									V	T			T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	X	88	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	X	135	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
 OFFICIAL TAKING COUNT:   
 COUNT CLEARED TIME: 10<sup>36</sup> PM

g/v 10<sup>30</sup> PM

NYMH3 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-09-2019  
21:27:58

CATEGORY: OCT  
ASSIGNMENT: HOSP

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	██████████	██████████	08-09-2019	E12-592U	FS PM SUIKIDE OR
0002		██████████	██████████	08-09-2019	K06-148U	SUIKIDE OR UNASSG
0003		██████████	██████████	08-09-2019	K07-009L	FS AM SUIKIDE OR
0004		██████████	██████████	08-09-2019	K12-078L	SUIKIDE OR UNASSG

G0000    TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: \_\_\_\_\_

LOCATION: HOSP

APPROVED: \_\_\_\_\_



REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mersey KS	13.		
2.	91349-053	Nobaa KS	14.		
3.	85377-054	Weber KS	15.		
4.	86272-054	Montas KN	16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

**OUT-COUNT BY UNIT**

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S 1 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N 1 K-S 2 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 4

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~IN~~ 86 Date: ~~8/9/19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~GN~~ 78 Date: ~~8-9-19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~KN~~ 88 Date: ~~8/9/19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~h1D~~ 95 + 1 Date: ~~8/9/2019~~ Time: ~~10:00 PM~~

Count: 1 [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~ES~~ 88 Date: ~~8/9/19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~ES~~ 73 Date: ~~08-09-19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~ZA~~ 43 + 1 Date: ~~8.9.19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~ZB~~ 6 Date: ~~8-9-19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~EA~~ 98 Date: ~~8-9-19~~ Time: ~~10:00 PM~~

Count: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: 120 Date: 8/19/19

Count: 120

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/19/19

Count: 10

Print Name: [Redacted]

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/19/19

Count: 6

Print Name: [Redacted]

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/19/19

Count: 4

Print Name: [Redacted]

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/19/19

Count: 26

Print Name: [Redacted]

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]